

Chapter 97. Complaints and Investigations

§9701. Scope of Chapter

A. The rules of this Chapter govern the board's processing of complaints and investigations relative to the laws governing physicians, allied health care practitioners, as defined herein, and applicants seeking to practice as a physician or allied health care practitioner, as well as other state and federal laws to which physicians and allied health care practitioners are subject and the board's rules. These rules are intended to supplement, but not replace, any applicable provision of the Louisiana Administrative Practice Act, R.S. 49:950 et seq. regarding the disciplinary process and procedures. To the extent that any Rule of this Part is in conflict therewith, the provisions of the Louisiana Administrative Procedure Act shall govern.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5) and 37:1285.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2627 (December 2015), amended by the Department of Health, Board of Medical Examiners, LR 46:339 (March 2020).

§9703. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Allied Health Care Practitioner—an individual, other than a physician, authorized by the board to practice in this state including, but not limited to: a licensed acupuncturist, pursuant to R.S. 37:1360; an athletic trainer pursuant to R.S. 37:3301-3312; a clinical exercise physiologist pursuant to R.S. 37:3421-3433; clinical laboratory personnel pursuant to R.S. 37:1311-1329; a genetic counselor pursuant to R.S. 37:1360.101-1360.111; a medical psychologist pursuant to R.S. 37:1360.51-1360.72; a midwife pursuant to R.S. 37:3240-3257; an occupational therapist or occupational therapy assistant pursuant to R.S. 37:3001-3014; a perfusionist pursuant to R.S. 37:1331-37:1343; a physician assistant pursuant to R.S. 37:1360.21-1360.38; a podiatrist pursuant to R.S. 37:611-628; a polysomnographic technologist or technician pursuant to R.S. 37:2861-2870; a private radiological technologist pursuant to R.S. 37:1292; a licensed respiratory therapist pursuant to R.S. 37:3351-3361; as well as any other an individual who holds any form of health care practitioner license, certificate, registration or permit that the board is authorized to issue, other than as a physician.

Applicant—an individual who has applied to the board for lawful authority to engage in the practice of medicine or that of an allied health care practitioner in this state.

Board—the Louisiana State Board of Medical Examiners, as established in the Louisiana Medical Practice Act, R.S. 37:1261-1292.

Compliance Counsel—a Louisiana licensed attorney designated to assist the board to observe and comply with the rules of this Chapter and corresponding laws, who is

independent of the DOI and the licensee and has not participated in the review, investigation, recommendations for disposition or prosecution of the case; provided, however, that compliance counsel may attend meetings between the DOI and a licensee held pursuant to this Chapter for purposes of compliance.

Complaint—any information, claim or report of whatsoever kind or nature received or obtained by the board, or initiated by the board on its own motion pursuant to R.S. 37:1285.2(A), that alleges or may indicate a violation of the law by a licensee or an applicant.

Director of Investigations (DOI or sometimes also referred to in this Part as the Investigating Officer)—a physician possessing the qualifications specified by R.S. 37:1270A(9), appointed by the board to serve as the lead investigator for any complaint.

Independent Counsel—an individual licensed to practice law in this state and who is appointed pursuant to §9921.D of these rules to perform such duties as may be required pursuant to R.S. 37:1285.2 and other provisions of this Part.

Jurisdictional—a matter within the board's authority under the law.

Law (or the Law)—unless the context clearly indicates otherwise, the Louisiana Medical Practice Act, R.S. 37:1261-1292, the Practice Acts governing allied health care practitioners, other applicable laws administered by the board and the board's rules, LAC 46:XLV.101 et seq.

Licensee—a physician or individual who holds a current license, certificate, registration or permit to practice as an allied health care practitioner as defined herein.

Physician—an individual who holds a current license or permit duly issued by the board to practice medicine in this state pursuant to R.S. 37:1261-1292.

Records or Files of the Case—all relevant information, documents and records gathered in a preliminary review or formal investigation, except board investigator work product or notes, communications with board counsel and other records or files in the board's possession that are required by law to remain confidential or are otherwise privileged, as well as those that independent counsel has ruled need not be included in the records or files of the case following review of the grounds of an objection by the DOI.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2628 (December 2015), amended by the Department of Health, Board of Medical Examiners, LR 46:339 (March 2020).

§9705. Complaint Origination

A. Complaints may be initiated by any person other than an employee of the board or initiated by the board on its own motion pursuant to R.S. 37:1285.2(A).

B. The board provides a complaint form on its website, www.lsbme.la.gov, which is to be completed, dated and signed by persons making complaints to the board. Use of the form is preferred but not required.

C. The board shall not take action on an anonymous complaint except when supported by apparently reliable information or evidence provided with the complaint or obtainable from another source.

D. The identity of and communications from a complainant constitute part of the records or files of the case and shall:

1. during a preliminary review, be maintained in confidence by the board. Confidentiality shall be waived only by written authorization of the complainant, when the complainant will be offered as a witness in a formal administrative hearing before the board or as otherwise provided by law; and

2. after the filing of an administrative complaint pursuant to Chapter 99 of these rules, not remain confidential unless authorized by ruling of independent counsel or the board pursuant to §9905 of these rules.

E. Information received and requested by the board in connection with carrying out its mandated routine regulatory functions e.g., processing applications, receipt and review of reports of medical malpractice settlements or judgments, conducting audits of continuing medical or professional education, site-visits and performance audits, etc., shall not be deemed to be a complaint. However, if such information provides sufficient cause to indicate that a violation of the laws or rules administered by the board may have occurred, such information will be reviewed or investigated in accordance with §9709 or §9711 of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5) and 37:1285.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2628 (December 2015), amended by the Department of Health, Board of Medical Examiners, LR 46:340 (March 2020).

§9707. Complaint Processing

A. The board's staff processes all complaints and conducts all investigations on behalf of the board.

B. Any staff member of the board, except the executive director, may act as the lead investigator on any complaint received by the board regarding a physician or any investigation regarding a physician initiated by the board on its own motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2628 (December 2015), amended LR 42:571 (April 2016).

§9709. Preliminary Review

A. A preliminary review may be initiated to determine if the complaint is jurisdictional and whether sufficient cause

exists to warrant formal investigation only upon one or more of the following:

1. a complaint, received from a person, other than an individual employed by the board;

2. a report, received from a law enforcement agency, federal or state regulatory agency, a reporting authority verified by the board through electronic or other means, or a professional health or other monitoring or treatment program, that may implicate a potential violation of the laws or rules administered by the board; and

3. a motion duly adopted by a vote of two-thirds of the members, that sufficient cause exists to indicate a violation of the laws or rules administered by the board may have occurred.

B. A preliminary review is initiated upon the receipt, review and assignment of a case number at the direction of the DOI or the assigned investigator. During a preliminary review such action may be initiated and taken as deemed necessary or appropriate and additional information may be obtained to assist in the determination. As part of the preliminary review:

1. the board may obtain all files and records related to the complaint and to the complainant, which may be needed to determine if the complaint is jurisdictional and whether sufficient cause exists to warrant formal investigation; provided, however, no more than twenty additional files or records of patients may be obtained in connection with the review unless authorized by the board. To assist in a review a designee authorized by the board is authorized to issue, as necessary or upon request of board staff, subpoenas to obtain medical, hospital and pharmacy records and records from law enforcement, state and federal agencies. Affidavits may be obtained to preserve the testimony of a complainant and complaint witnesses;

2. the complainant may be contacted; and

3. the licensee may be provided the opportunity to respond to the complaint or provide related information; provided, at the time of the first communication from the board to a licensee regarding a complaint the licensee shall be provided:

- a. a brief summary of the complaint or alleged violation or a copy of the complaint if authorization has been provided;

- b. notice that the licensee may, at his own expense, retain legal counsel of his choice to represent his interest; and

- c. such other information as may be deemed appropriate.

C. Any relevant information, documents and records gathered during the preliminary review will be added to the records or files of the case.

D. Preliminary review of a complaint shall be completed as promptly as possible within ninety days of initiation unless extended by the board for satisfactory cause. However, this period shall not apply to information received from local, state

or federal agencies or officials relative to on-going criminal, civil or administrative investigations or proceedings, which do not provide a basis for preliminary review.

E. Nothing in this Chapter requires that a preliminary review be conducted if the complaint is not jurisdictional or information clearly indicates the need for formal investigation or emergent action.

F. At the conclusion of a preliminary review a determination shall be made as to whether the complaint is jurisdictional and there is sufficient cause for investigation. If the complaint:

1. is not jurisdictional or there is insufficient cause for investigation, a report and recommendation shall be submitted to the board to close the complaint without investigation. If approved by the board, the complainant and the licensee, if the licensee was notified of the preliminary review, shall be notified of the disposition. If not approved by the board, the board shall direct the board's staff to undertake such additional review as may be necessary or indicated within a specified period of time. A complaint closed after preliminary review shall not be considered an investigation by the board and need not be reported as such by a licensee on subsequent renewal applications to the board;

2. is jurisdictional and there is sufficient cause for investigation, a report and recommendation shall be submitted to the board to commence a formal investigation. The report shall include:

- a. a brief summary of the complaint or alleged violation;
- b. a statement of the possible violations of the law involved; and
- c. a summary of the licensee's biographical, licensure and disciplinary history on file with the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5) and 37:1285.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2628 (December 2015), amended LR 42:571 (April 2016), amended by the Department of Health, Board of Medical Examiners, LR 46:340 (March 2020).

§9711. Formal Investigation

A. If the board determines by a majority vote of the members present and voting at a board meeting that a complaint warrants investigation it shall instruct board staff to initiate a formal investigation. If the board determines that a complaint does not warrant investigation it shall be closed pursuant to §9709F.1. of this Chapter.

B. Written notice of the investigation including a brief summary of the facts constituting the alleged violation shall be provided to the licensee no later than five business days after the board's formal investigation is initiated by registered, return-receipt-requested mail, as well as by regular first class mail, or by personal delivery or other means, at the most current address for the licensee reflected in the official records

of the board. Such notice shall also include the information set forth in §9709.B.3.a-c of this Chapter.

C. Once a formal investigation is initiated by the board, an investigation shall be undertaken to determine whether or not there is sufficient information and evidence to indicate that a violation of the law has occurred. To assist in a formal investigation subpoenas may be issued in the same manner as set forth in §9709.B to obtain any of the items listed therein and any other documents and other information, the appearance of witnesses and sworn testimony.

D. Past complaints and investigations of a licensee may be utilized in a current investigation for the purpose of determining if there is a pattern of practice or continuing or recurring conduct that fails to satisfy the prevailing and usually accepted standards of practice in this state on the part of the licensee. If past complaints and investigations are utilized, a licensee and/or his counsel shall be notified and they shall be included within the records or files of the case and subject to all applicable provisions of this Chapter.

E. If the complaint giving rise to the formal investigation involves medical incompetency, as part of the investigation a request may be made, or the board may order in a manner prescribed by §365D of these rules, the licensee to undergo a competency evaluation at a third-party evaluation center approved by the board.

F. If the investigation does not provide sufficient information and evidence to indicate that a violation of the law has occurred, a report and recommendation shall be made to the board that the investigation be closed without further action. If the board approves the recommendation, the complainant and the licensee shall be provided written notification of the disposition. If the recommendation is not approved, such further investigation or other action shall be taken as may be necessary or appropriate.

G. If the investigation provides sufficient information and evidence to indicate that a violation of the law has occurred, an administrative complaint may be filed with the board, pursuant to Chapter 99 of these rules, provided one or more of the following conditions exist:

1. a draft administrative complaint, in the form and content specified in §9903.B of these rules, has been mailed or provided to the licensee accompanied by a letter providing a reasonable opportunity for a conference to show compliance with all lawful requirements for the retention of the license without restriction, or to show that the complaint is unfounded as contemplated by R.S. 49:961(C); however, the licensee fails to respond to the complaint and letter, waives the opportunity, or the response does not satisfactorily demonstrate lawful compliance or that the complaint is unfounded. Such conference may be attended only by the board's director of investigations, the investigator assigned to the matter and legal counsel, if any, compliance counsel, the licensee and the licensee's counsel, if any;

2. informal disposition is attempted but fails to resolve all of the issues and the procedures specified in §9711G.1 of

this Section have been provided with the same result described;

3. emergency action is required to pursuant to §9931.

H. Formal investigations shall be completed within 24 months after initiated by the board. However, this period may be increased by the board for satisfactory cause and no complaint shall be dismissed solely because a formal investigation was not completed within this period. This period shall also not apply to any investigation pending on July 1, 2015.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5) and 37:1285.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2629 (December 2015), amended LR 42:571 (April 2016), amended by the Department of Health, Board of Medical Examiners, LR 46:341 (March 2020).

§9713. Informal Settlements and Consent Orders

A. The board may, before, during, or following an investigation, or after filing an administrative complaint, dispose of any complaint through informal disposition.

B. Informal dispositions may take the form of any disposition recognized by R.S. 49:955(D), or any other form of agreement which adequately addresses the complaint or matter under review or investigation; provided, however, that such dispositions are considered by the board only upon the recommendation of the board's lead investigator with respect to the investigation and all such dispositions require approval by a majority vote of the board members present and voting at a board meeting.

C. Informal dispositions may be either non-disciplinary or disciplinary:

1. Non-disciplinary dispositions consist of correspondence, an informal conference and a letter of concern. These dispositions shall not constitute disciplinary action, are not a public record of the board and are not reported and distributed in the same manner as final decisions of the board.

2. Disciplinary dispositions consist of consent orders, and other orders and agreements, and stipulations for voluntary surrender of a license that are approved by the board as evidenced by the signature of the president or other authorized signatory. These dispositions shall constitute disciplinary action, shall be a public record of the board, and are reported and distributed in the same manner as final decisions of the board. Prior to offering a consent order the DOI shall make available the records or files of the case pertaining to the complaint against the licensee before the board. Such offer may be transmitted with a proposed consent order provided the individual is advised of his/her opportunity to review the records or files of the case prior to considering the consent order. Unless waived, the licensee may accept this offer any time before signing a consent order.

D. Any matter may be referred to the board for administrative hearing without first offering an informal disposition.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5) and 37:1285.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:2629 (December 2015), amended by the Department of Health, Board of Medical Examiners, LR 46:341 (March 2020).

§9714. Guidelines for Determining Whether to Issue Public or Non-Public Actions

A. The board has the responsibility to consider and determine appropriate action as to all conduct alleged to violate the Louisiana Medical Practice Act, R.S. 37:1261-1292 et seq., other practice acts respecting allied health care practitioners governed by the board, and the rules and regulations promulgated by the board in carrying out the provisions of this Part.

B. This Section provides guidance as to the criteria the board may consider in determining whether informal complaint disposition is non-disciplinary (not public) or disciplinary (public).

C. This Section is intended to compliment, but not limit the board's authority to make such dispositions as it may deem appropriate under the particular facts and circumstances presented in any matter.

D. In determining whether informal complaint disposition is non-disciplinary or disciplinary, as well as the terms and conditions of disciplinary dispositions, the board may consider aggravating or mitigating circumstances. A list of aggravating and mitigating circumstances is set forth below but is neither intended to be nor shall it be construed as an exclusive listing of circumstances.

1. Aggravating circumstances may warrant a disciplinary disposition or, in the case of a disciplinary disposition, justify revocation, the duration of suspension and enhancement of the period and type of probationary terms, conditions and/or restrictions of a consent or other board order. Aggravating circumstances include, but are not limited to:

- a. a danger to public health, safety and welfare;
- b. patient(s) harm or one or more violations that involve more than one patient;
- c. severity of patient harm;
- d. prior similar violations or board disciplinary action;
- e. disciplinary action in another jurisdiction or by a government agency, peer review or professional organization or health care entity;
- f. conduct involving patient exploitation;
- g. failure to provide professional service to a person because of such person's race, creed, color or national origin;

- h. failure to cooperate with board investigation or failure to adhere/comply with previous board order;
- i. dishonesty or selfish motive;
- j. attempt to conceal, or refusal to acknowledge nature of conduct;
- k. financial benefit to licensee or applicant;
- l. other relevant circumstances increasing the seriousness of the misconduct.

2. Mitigating circumstances may result in a non-disciplinary disposition or, in the case of a disciplinary disposition, justify reduction of the duration of suspension or period and type of probationary terms, conditions and/or restrictions of a consent or other board order. Mitigating circumstances include, but are not limited to:

- a. those that do not constitute an aggravating circumstance as set forth in this Section;
- b. practice-related or other professional or competency concerns that do not rise to a level of a violation of the practice act or board rules;
- c. isolated, minor or technical violation with adequate explanation that is not likely to recur;
- d. steps taken to insure nonoccurrence of future similar violation;
- e. timely and good faith efforts to rectify or mitigate consequences of misconduct;
- f. remorse, recognition/acknowledgment of wrongdoing;
- g. cooperation with board and board staff;
- h. potential for rehabilitation;
- i. voluntary participation in board approved continuing medical or professional education;
- j. absence of adverse patient impact;
- k. remoteness of misconduct;
- l. other relevant circumstances reducing the seriousness of the misconduct.

E. By setting forth the above guidelines the board does not intend to restrict, and indeed reserves unto itself, its authority and discretion to take such action it may determine appropriate in any particular matter with respect to informal and formal complaint disposition.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 47:736 (June 2021).

§9716. Complaint Disposition Guidelines

A. These complaint disposition guidelines are designed to:

1. provide guidance to the board in assessing administrative disciplinary dispositions for violations of the Louisiana Medical Practice Act and the various practice acts governing allied healthcare practitioners regulated by the board; and

2. promote consistency in administrative disciplinary dispositions for similar violations.

B. In the event that the practice act or rules administered by the board for a category of allied healthcare providers do not contain the exact charges identified below, but instead refer to *unprofessional conduct* or a violation of the code of ethics of a national or professional organization, such violations will to the extent applicable be addressed by the guidance set forth below.

C. Special definitions. As used in this Section the following terms shall have the meanings specified.

1. *Continuing Medical Education* or *CME*, may include, but is not limited to, one or a combination of courses on:

- a. medical ethics;
- b. professional boundaries;
- c. professionalism;
- d. proper prescribing of controlled or other substances;
- e. risk management;
- f. medical record keeping;
- g. any CME program developed by the board; and
- h. any designated CME specified by the board;

2. *Probationary Terms and Conditions* (T and C) may include, but is not limited to, any restriction, limitation, condition, requirement, stipulation, or other provision that the board may determine appropriate, probationary T and C may also include CME, a fine and payment of investigator and attorney fees and all costs of the proceeding. The duration of probationary T and C rests with the discretion of the board following consideration of aggravating and mitigating circumstances defined in §9714 of this Part.

D. The maximum administrative disciplinary disposition that may be imposed by the board is denial or revocation of a license or permit to practice medicine or the license, certificate, registration or permit to practice as an allied healthcare practitioner regulated by the board, and an administrative fine of \$5,000 as to physician and the amount, if any, specified by the act governing the allied healthcare practitioner. The board may also assess investigator and attorney fees and all costs of the proceeding in accordance with the applicable practice act.

E. The administrative disciplinary dispositions identified in this Section provide a range from *minimum* to *maximum*. Each violation constitutes a separate offense; a:

1. greater disciplinary disposition may be imposed based on the number of violations;

2. disciplinary disposition may be greater or lower based on the presence or absence of aggravating or mitigation circumstances, identified in §9714 of this Part.

F. This Section is intended to compliment, and in no event shall it be construed to limit the board's authority to make such administrative disciplinary dispositions as it may deem appropriate under the particular facts and circumstances presented and as authorized by the applicable practice act in question.

1. Conviction/plea to a felony:

a. minimum—suspension for period of incarceration plus supervised release. If no incarceration, suspension for the duration of the supervised release and probationary terms and conditions (T and C) for a minimum of one year;

b. maximum—suspension with probationary terms and conditions or revocation;

2. Conviction/plea to charge related to practice:

a. minimum—suspension of license for period of incarceration plus supervised release. If no incarceration, suspension for the duration of the supervised release and reprimand and CME or a fine or both;

b. maximum—suspension or revocation;

3. Fraud, deceit, or perjury obtaining a diploma, license, or permit:

a. minimum—letter of concern, resubmission of corrected application and new application fee;

b. maximum— if violation renders applicant/licensee ineligible for license, suspension or revocation; if violation does not render applicant/licensee ineligible for license, resubmission of corrected application, new application fee and probationary T and C;

4. Providing false testimony/information to the board:

a. minimum—letter of concern and CME;

b. maximum—probationary T and C;

5. Abuse of drugs or alcohol.

a. minimum—when no prior treatment, referral to Healthcare Professionals Foundation of Louisiana, Inc.; when prior treatment, probationary T and C for minimum of 1 year;

b. maximum—suspension, probationary T and C and/or revocation;

6. Providing controlled substances without medical justification therefor or in illegitimate manner:

a. minimum—letter of concern;

b. maximum—suspension with probationary T and C for or revocation;

7. Solicitation of patients or self-promotion that is fraudulent, false, deceptive, or misleading;

a. minimum—letter of concern;

b. maximum—suspension and/or probationary T and C;

8. currently not enforceable;

9. currently not enforceable;

10. Efforts to deceive the public:

a. minimum—letter of concern;

b. maximum—probationary T and C;

11. Making or submitting false, deceptive, or unfounded claims or reports:

a. minimum—letter of concern and CME or a fine or both;

b. maximum—suspension and/or probationary T and C;

12. Inability to practice medicine with skill or safety:

a. minimum—practice restrictions, probationary T and C;

b. maximum—suspension with probationary T and C or revocation;

13. Unprofessional conduct:

a. minimum— letter of concern and CME or a fine or both;

b. maximum—suspension and/or probationary T and C or revocation;

14. Medical incompetency:

a. minimum—letter of concern and CME or a fine or both;

b. maximum—suspension and/or probationary T and C or revocation;

15. Immoral conduct:

a. minimum—reprimand and CME or a fine or both;

b. maximum—suspension and/or probationary T and C or revocation;

16. Gross overcharging for professional services:

a. minimum—letter of concern and CME or a fine or both;

b. maximum—probationary T and C;

17. Abandonment of a patient:

a. minimum—letter of concern and CME or a fine or both;

b. maximum—probationary T and C;

18. Assisting an unlicensed person to practice or professional association with illegal practitioner:

- a. minimum—letter of concern and/or CME;
- b. maximum—suspension and/or probationary T and C;

19. Soliciting or accepting, or receiving anything of economic value for referral:

- a. minimum—letter of concern and CME or a fine or both;
- b. maximum—suspension and/or probationary T and C or revocation;

20. Violation of federal or state laws relative to control of social diseases:

- a. minimum—letter of concern and CME;
- b. maximum—probationary T and C;

21. Interdiction or commitment:

- a. minimum—suspension, demonstration of competency to resume practice;
- b. maximum—suspension and/or probationary T and C or revocation;

22. Utilizing a physician's assistant without Board registration:

- a. minimum—letter of concern and/or CME.
- b. maximum—reprimand and CME or a fine or both;

23. Employing a physician's assistant whose conduct includes any of the causes enumerated in this Section:

- a. minimum—reprimand and CME or a fine or both;
- b. maximum—probationary T and C for 1 year and fine;

24. Misrepresenting the qualifications of physician's assistant:

- a. minimum—letter of concern and CME or a fine or both;
- b. maximum—probationary T and C.

25. Inability to practice medicine with skill or safety:

- a. minimum—restriction/limitation of practice and CME;
- b. maximum—suspension and/or probationary T and C or revocation;

26. Refusing to submit to evaluation:

- a. minimum—suspension and/or probationary terms and conditions;
- b. maximum—suspension and probationary T and C;

27. Currently not enforceable;

28. Currently not enforceable;

29. Action by another state that denies, prevents or restricts practice in that state:

- a. minimum—letter of concern or probationary T and C;
- b. maximum—suspension and/or probationary T and C or revocation;

30. Violation of rules of the board, or any provisions of the practice act:

- a. minimum—letter of concern and CME or a fine or both;
- b. maximum—suspension and/or probationary T and C or revocation;

31. Failure by a physician to self-report personal action constituting a violation of this Act within 30 days:

- a. minimum—letter of concern and CME or a fine or both;
- b. maximum—probationary T and C;

32. Holding oneself out as "board certified", without meeting required criteria:

- a. minimum—letter of concern and CME or a fine or both;
- b. maximum—reprimand and CME or a fine or both.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1261-1292 and 37:1270(A)(5).

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 47:883 (July 2021).